



Course Proposal Form

Instructor Name: _____

Business Name (if any): _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address: _____

Business Phone: _____ Cell Phone: _____

Proposed Class Title: _____

Class Description:

Class Length: _____

Preferred Day/Time: _____

Min Attendance: ____ Max Attendance: ____

Proposed Instructor Fee: _____

Min Age: ____ Max Age: ____

Class Category:

Arts & Dance Computer & Business Craft & Hobby Pet-Friendly
 Fitness & Health Lifelong Skills Martial Arts Pre-School

Please return this form along with resume, references and any licenses/certifications to:

CSA Palm Harbor Parks & Recreation
Attn: Lori Sakala
1500 16th Street
Palm Harbor, FL 34683

If you have any questions, you may contact us at (727) 771.6000 or by email to LSakala@CSAPalmHarbor.org.